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LAUNCESTON RURAL DISTRICT COUNCIL

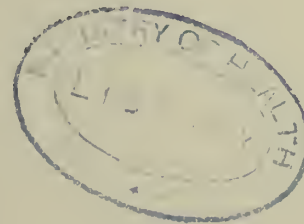
ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1952



Health Area Office,
Castle Green,
Launceston, Cornwall.

W.H.P. MINTO, M.B., Ch.B., D.P.H.
Medical Officer of Health.

LAUNCESTON RURAL DISTRICT COUNCIL

Members of the Public Health & Housing Committee:

C.L. SYMONS - Chairman of the Council

J.E. BEARD, Chairman of the Public Health Committee	
F. Broad	Mrs. R. Kneebone
E. Cowling	M. R. Ponney
E.C. Chudleigh	W. H. Veale
W. Dennis	T. W. Strout
J.B. Grigg	W. E. Warren
L. Hooper	J. N. Stephens
H. Harper	G. T. Burnard

Public Health Officers of the Local Authority:

MEDICAL OFFICER OF HEALTH :

W.H.P. MINTO, M.B., Ch.B., D.P.H.
(appointed 23. 4. 52)

also holds appointments of:

Medical Officer of Health: Launceston Borough Council
Bude/Stratton Urban District Council
Stratton Rural District Council
Camelford Rural District Council.

Assistant County Medical Officer Area No.6, Cornwall County Council

Assistant School Medical Officer - Cornwall County Council.

SANITARY INSPECTOR

T.A. JUDD, M.S.I.A.

SUMMARY OF VITAL STATISTICS

Area (in acres)	73,051
Population	6,470
No. of separate Dwellings occupied	2,022
Rateable value 1952	£26,311
Product of 1d rate	£107.10.3.39d.

Live Births	<u>Total</u>	<u>Male</u>	<u>Female</u>	Rate per 100 estimated population - 12.98
Legitimate	83	46	37	
Illegitimate	1	1	-	12.98
Stillbirths	1	1	-	Rate per 100 estimated population
				.15
Deaths (all causes)	85	44	41	13.13

Deaths from Puerperal Causes	)	
Puerperal & post abortive	)	
Sepsis	)	Nil
Other Puerperal Causes	)	

Infant Mortality (Deaths under 1 year per 1000 live births)	Rate
	59.52

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths from Cancer (all ages)	8	9	17
Measles (all ages)		NIL	
Whooping Cough (all ages)		NIL	
Diarrhoea (under 2 years)		NIL	

To the Chairman and Members of the Public Health and Housing
Committee of Launceston Rural District Council.

Mr. Chairman and Members :

I have the honour to present the Annual Report of the Medical Officer of Health on the health and sanitary circumstances of the Rural District for the year 1952.

The health of the people in the District, as far as can be judged by vital statistics has remained satisfactory. It is important that too much weight should not be attached to small variations in these rates from one year to the other, particularly where relatively small populations are involved - attention should rather be paid to the trend of these rates over a period of years.

This year I have included Tables showing the trends since 1948, the first year for which accurate records are available. In this connection it may be pointed out that the value of an Annual Report of this type is largely as "history". Before 1939, most Authorities were in the habit of printing the Annual Report of the Medical Officer of Health and this practice was largely discontinued during the war because of paper economies. I find that the Annual Report of my colleagues elsewhere are again being printed, and, as I see it, this practice is an advantage as a more permanent record is provided, and also, a volume which can be used for health education and distribution to public libraries and various organising bodies in the Area.

Very few Infectious Diseases were notified during the year and there were again no cases of Smallpox, Diphtheria, or Poliomyelitis.

As regards the Sanitary circumstances, with the exception of a few houses in the Stokeclimsland District served by Kelly Bray Water Company, there is no public water supply in the District. Sewerage and sewage disposal is also most primitive although a village sewerage and sewage disposal scheme is under construction in the village of North Hill. Further details will be found under Section "C".

62 Council houses have been completed since 1945 and there can be no doubt that this slow progress is attributable to the lack of a piped water supply in the villages. In spite of this slow rate of building, several unfit houses have been either demolished or made fit for human habitation, and it is to be hoped that now a start has been made, a planned slum clearance programme will be considered and married to future building and development.

Since taking up this appointment in April 1952 I have been impressed by the close integration of District Council and the local Health Authority work in this area which is made possible by the type of appointment where one individual is responsible for the administration of all the preventive Services in the Area. The only improvement which can be envisaged would be a closer link with the Hospital Services.

I should like to take this opportunity of expressing my gratitude for the co-operation I have received from the General Medical Practitioners in the District. I wish to thank Mr. Judd the Sanitary Inspector for the assistance he has given me in the preparation of this Report. At the same time I take personal responsibility for any opinions expressed therein.

In conclusion I would like to express my appreciation of the help and encouragement I have received from the Council and Members of the Public Health Committee during the year.

I have the honour to be,

Your obedient Servant,

W. H. P. Pinto

Medical Officer of Health.

September, 1953.

SECTION A

Natural and Social Conditions

Area (in acres) 73,051. The district is essentially agricultural, the only industry not connection with agriculture being the New Consols tin and wolfram mine at Luckett and another smaller mineral working in Altarnun Parish.

Population. The Registrar General has estimated the population for the mid-year 1952 to be 6,470, an increase of 32 in the population for the previous year. The "natural increase" in the population is the excess of births over deaths. In 1952 there was 1 fewer births than deaths.

Deaths. The total number of deaths assigned to the District for the year was 85 compared with 99 in 1951. The crude death rate based on the mid-year population was (13.13) compared with 15.37 in the previous year. The following table has been compiled for comparison with previous years :

<u>Years</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded Rate</u>
1948	65	35	30	9.93
1949	76	39	37	11.69
1950	80	36	44	12.30
1951	99	53	46	15.37
1952	85	44	41	13.13

In order to compare the mortality in the District with the mortality for England and Wales it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District an "Area Comparability Factor" which has been estimated by the Registrar General as 0.83 for the District.

The Standardised Death Rate, therefore, is 10.89 which may be compared with that of 11.3 for England and Wales.

Births. The number of live births assigned to this District was 84 compared with 89 in 1951. The rate per thousand of the population was 12.98. When the Registrar General's area Comparability Factor for births (1.12) is applied to this figure, the Standardised Birth Rate of 14.5 for this District compares with 15.3 for England and Wales.

Stillbirths. The number of stillbirths during 1952 was 1.

Illegitimate Births. There was 1 illegitimate birth assigned to the District during the year, 1 male, compared with 2 in 1951. Shown as a proportion of the total number of live births this represents 1.2 per cent.

Maternal Mortality. No case of death during pregnancy has been recorded.

Infant Mortality. The number of infants who died before reaching their first birthday was five (5) giving an Infant Mortality Rate of 59.52. This figure compares with 27.6 for England and Wales.

Causes of Death of Children under one year.

<u>Causes of Death</u>	<u>Age in Weeks</u>					<u>Total</u>
	<u>-1</u>	<u>-2</u>	<u>-3</u>	<u>-4</u>	<u>5/52</u>	
Prematurity	2					2
Broncho-pneumonia					2	2
Toxaemia					1	<u>1</u>
						<u>5</u>

MORTALITY TABLE

Classified in accordance with 36 headings
based on the Abbreviated List of the
International Statistical Classifications
of Diseases, Injuries and Causes of Death
1948.

<u>Cause of Death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis, respiratory	1	1	2
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	1	-	1
10. Malignant neoplasm, stomach	2	-	2
11. Malignant neoplasm, lung, bronchus	-	-	-
12. Malignant neoplasm, breast	1	1	2
13. Malignant neoplasm, uterus	-	2	2
14. Other malignant and lymphatic neoplasms	5	6	11
15. Leukaemia, aleukaemia	-	-	-
16. Diabetes	-	-	-
17. Vascular lesions of nervous system	4	7	11
18. Coronary disease, angine	5	5	10
19. Hypertension with heart disease	-	1	1
20. Other heart disease	11	6	17
21. Other circulatory disease	1	2	3
22. Influenza	1	-	1
23. Pneumonia	1	1	2
24. Bronchitis	-	1	1
25. Other diseases of respiratory system	1	2	3
26. Ulcer of stomach and duodenum	2	-	2
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis and nephrosis	1	1	2
29. Hyperplasia of prostate	2	-	2
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	-	-
32. Other defined and ill-defined diseases	4	5	9
33. Motor vehicle accidents	1	-	1
34. All other accidents	-	-	-
35. Suicide	-	-	-
36. Homicide and operations of war	-	-	-
	44	41	85

SECTION B

General Provision of Health Services in Launceston Rural District

General Medical Services

1. General Practitioners - The population is provided with general medical services under Part 4 of the National Health Service Act 1946 by the General Practitioners resident in the District and in adjoining districts.

Midwifery & Home Nursing - Midwifery Services in the district are provided by (i) the family doctor - ante and post-natal care and home confinements. (ii) the County Council - district midwives. (iii) the Regional Hospital Board - hospitals for delivery and treatment.

The County Council provides nurse midwives who attend general nursing and midwifery cases in the home.

The Regional Hospital Board provides staff for an Ante-natal clinic held at the Castle Green, Launceston for mothers who may be admitted to hospital on medical grounds for their confinement.

In 1952 Old Tree Maternity Home was opened and it is available for those mothers whose homes are considered unsuitable for domiciliary confinement. Trebarras Nursing Home, Liskeard is also still available for this purpose.

Health Visiting. The County Council continues to provide a Health Visiting Service. The nurse-midwives are responsible for health visiting in the district and are specially trained in the care of the mother and young child. They are available to give advice on health matters in the home or at the clinic and also act as school nurses.

Home Help Service - The Home Help Service is provided by the County Council and the Home Help Organiser, Mrs. Gibson, is to be complemented on a valuable and efficient service.

Ambulance Service - The County Council is responsible for the Ambulance Service, day-to-day administration of which is carried out from the Health Area Office. A whole-time paid Service is provided during week days and this is supplemented by part-time personnel of the voluntary Organisations at night time and during weekends.

Hospital Car Service - "Utilecon" sitting case ambulances are used for conveying the majority of sitting cases and when it is appropriate some such cases are carried by Hospital Car Service.

School Health - The County Council provides an extensive school Health Service. Your Medical Officer of Health in his capacity of Assistant School Medical Officer carried out routine and special examinations of the children and schools and immunisation.

Infant Welfare Centre - a fortnightly Infant Welfare Clinic is held at The Castle Green, Launceston. Your Medical Officer of Health is in attendance in his capacity as Assistant County Medical Officer.

Dental Clinic - In June 1952 a School Dentist was appointed to be based on Launceston and he works at the County Council Dental Clinic in the Castle Green. This should, in time, overcome the results of the lack of a Dental service for school children which was mentioned in my Report for 1951.

Speech Therapy Clinic - In the past, a Speech Therapy Clinic for school and pre-school children, has been provided by the Cornwall County Council at the Health Area Office, Launceston but during the year under review, no sessions have been held because of difficulty in securing the appointment of a Speech Therapist. It is hoped that in the near future an appointment will be made, and thus this valuable work will be resumed.

Ophthalmic Clinic - The Regional Hospital Board Eye Specialist holds an Eye Clinic for school children and children under school age at the Castle Green, Launceston. This Clinic is arranged as and when a suitable number of children become available.

Orthopaedic Clinic - Also provided by the Regional Hospital Board at the Castle Green, Launceston is an Orthopaedic Clinic held weekly.

Out-patients' Clinics - The Regional Hospital Board also provides Out-Patients Clinics at The Launceston Hospital for Medical, Surgical, Gynaecological, Skin, Ear, Nose & Throat and Tuberculosis patients. A physiotherapy Clinic is available at the Tavistock and Holsworthy Hospitals. A psychiatric Clinic is held at The South Devon and East Cornwall Hospital, as is also a Venereal Diseases Clinic.

Chronic Sick - Accommodation is available for Chronic sick cases at St. Mary's Hospital Launceston and limited Part III accommodation is also provided there for those cases who come under the care of the Welfare Authority (Cornwall County Council).

Hospitals - The District is served by Launceston Hospital and patients are admitted to the following hospitals in Plymouth - Prince of Wales, Mount Gold, South Devon & East Cornwall, Royal Albert (Devonport), Alexandra Maternity Home and the Royal Eye Infirmary. The Scott Isolation Hospital admits cases of Infectious Diseases from the District. Cases of Tuberculosis requiring sanatorium treatment are, as a rule, admitted to Didworthy Sanatorium.

Mental Health - Patients from the District who require hospital care and/or treatment for mental illness are admitted either to St. Lawrence's Hospital, Bodmin, Lanwel House, Bodmin or Moorfields Hospital, Ivybridge.

Aftercare is a function of the County Council.

Laboratory facilities - The Public Health Laboratory, Dix's Field, Exeter is the easiest of access from this District and it renders valuable service towards the detection and prevention of spread of diseases in the District.

SECTION C

Sanitary Circumstances of the District.

Water supplies. There are no public water supplies in the district except for a few houses in the Stokeclimsland district served by the Kelly Bray Water Company and, during the year, this small private company went into voluntary liquidation. The Council has applied to the Ministry of Housing & Local Government for a loan of £2,000 to purchase the assets of this Company.

At the end of the year the Council was awaiting the Ministry of Housing and Local Government Inquiry into the draft proposals for the following schemes :-

Altarnun & Five Lanes
Bloskerry & Langore
Warbstow & Canworthy Water
North Hill
Downgate

I include the following relevant extracts from the evidence when I submitted at the enquiry :

" Regarding the bacteriological state of the existing supplies, they very from Class I of the Ministry of Health Classification for piped water supplies (a very few) to those which show evidence of abundant faecal pollution. I fear that in the areas under consideration at this present Inquiry, the trend is markedly towards the latter category. The Sanitary Inspector has taken a large number of samples for bacteriological examination and his evidence on these makes the position very clear. It should also be stressed that water supplies derived from such miscellaneous sources are by their very nature, subject to much variation, as regards bacteriological condition, according to general climatic conditions and even to local conditions prevailing from time to time. In fact it can be stated that each of these areas is without a water supply that is safe in quality or sufficient in quantity".

" Bacteriological samples indicate that a very high percentage of the inhabitants of each area is drinking highly polluted water and many of these people in addition have to carry water for long distances. These long "carries" are in themselves a danger to health because of the strain they put upon elderly folk and because they discourage adequate washing of utensils and persons. It may also be mentioned here that although the more fortunate numbers of the static population may have acquired some immunity to waterborne disease this cannot be held to apply to the many "foreigners" who visit Cornwall. I submit, therefore, that in these areas there is a very real risk to public Health.

The lack of adequate supplies of potable water is not only impeding but obstructing the construction of new houses in certain parishes (notably Egloskerry and Langore; Warbstow and Canworthy Water; South Petherwin). If the inhabitants of these and existing new houses are to obtain for themselves and their families the fullest benefit from their new environment a constant supply of water adequate in quantity and controlled as to quality is a necessary prerequisite towards that end.

If the sewage and sewerage disposal schemes which are already in existence or contemplated, are to be properly used, demands will be made on the water supply which can only be met by adequate piped supplies.

The Council is under an obligation to provide a supply of wholesome water in pipes to every locality in their district in which there are houses and schools. In my opinion the ideal method by which this end could be achieved would be by a comprehensive water scheme for the whole District, but I believe that such a scheme has been under consideration for over eight years and in view of its apparent impracticability, may I express the hope that early permission to proceed on the present schemes may be granted in order to alleviate the existing insanitary conditions which prevail in the interests of Public Health and to enable further much needed houses to be built".

Sewerage & Sewage Disposal

Work on the North Hill village sewer and sewage disposal scheme commenced during the Autumn. The works are modern in design and will need attention every few days for efficient working.

Prevention of Damage by Pests Act 1949

This Council in conjunction with Holsworthy and Broadwoodwidger Rural District Council agreed to the appointment of a joint Rodent Operator. Twice an operator was appointed and on both occasions the operator resigned before receiving training. At present there is no operator. As the combined area of these districts is 182,000 acres, the appointment of one man to cover the whole district could only be looked upon as of little practical use.

Movable Dwellings

During the year 11 licences were issued under the Public Health Act 1936 for individual caravans on isolated sites. In each case the applicant had to provide a satisfactory water supply, waste water drain and Chemical Closet.

One seasonal site for ten tents was granted.

A proposal for a site for up to 16 caravans was refused by the Council on the grounds of inadequate water supply and drainage.

A site for an individual Caravan was also refused as the applicant could not comply with the Council's requirements for water supply.

Public Cleansing.

All the villages and hamlets together with houses along the routes connecting the villages receive a once-monthly refuse collection. During the summer months an additional fortnightly collection is made at all catering establishments.

National Assistance Act, 1948.

No certificate under Section 47 of this Act was submitted to the Council by the Medical Officer of Health. The Medical Officer of Health was authorised by the Council to take immediate action to obtain removal orders under Section 47 of the National Assistance Act, 1948 as amended by the National Assistance (Amendment) Act, 1951.

The type of case involved in such action comprises persons suffering from grave chronic diseases or, being aged, infirm or physically incapacitated, are living in insanitary conditions and unable to devote themselves or obtain proper care and attention.

As a result of the decision of the Council it should be possible in future to expedite the removal of any such case to a place of safety.

SECTION D

Housing

The post-war housing programme was slow in starting. One of the main causes of delay both now and in the past is the lack of a piped water supply in the villages. The first post-war Council houses to be completed were at North Hill in 1948.

Council houses completed since 1945	62
Council houses completed during 1952	16
Council houses in course of construction at 31st December 1952	8
Private Enterprise houses built since 1945	27
Private Enterprise houses completed during 1952	5
Private Enterprise houses in course of construction at 31. 12. 1952.	2

Housing Statistics

1. Inspections of Dwelling Houses during the year :

(a) No. of dwelling houses inspected for defects under Public Health Housing Acts	53
(b) Inspections made for the purpose	91

2. (a) No. of dwelling houses inspected and recorded under Housing Consolidated Regs. 1925/32	11
(b) Inspections made for the purpose	15

3. No. of dwelling houses found to be in a state dangerous or injurious to health as to be unfit for human habitation	7
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4. Dwelling houses (exclusive of those under preceding sub-heading) not in all respects reasonably fit for habitation	29
---	----

5. Remedy of defects during the year without the service of Formal Notice	36
--	----

No. of houses rendered fit in consequence of action
by Local Authority or Officer :-

Housing Act	111
Public Health Act	36

6. Action under Statutory Power during the year :

(a) Proceedings under Section 9,10 & 16 Housing Act 1936.

(i)	Dwelling houses in respect of which notices were served requiring repairs	NIL
(ii)	Dwelling houses rendered fit after service of Formal Notices:	
	By Owners	NIL
	By Local Authority in default of owners	NIL
(b)	Proceedings under Public Health Acts:	
(i)	Dwelling houses in respect of which notices were served requiring defects to be remedied	9
7.	Dwelling houses in which defects were remedied after service of formal notices :	
	By owners	7
	By Local Authority in default of owners	NIL
8.	Proceedings under Sec.11 & Sec.13 of the Housing Act 1936:	
(i)	Dwelling houses represented under Sec.11	6
(ii)	Dwelling houses in respect of demolition order	6
(iii)	Dwelling houses demolished	1
(iv)	Dwelling houses rendered fit by owner	NIL
(v)	Dwelling houses where undertaking not to re-let at end of present tenancy were accepted from the Owner	5
9.	Proceedings Under Sec.12 of the Housing Act 1936:	
(i)	Separate tenements or underground rooms in respect of which Closing Orders were made	1
(ii)	No. of separate tenements or undergrounds rooms in respect of which Closing Orders were determined	NIL
10.	Proceedings under Sections 25 & 26 of the Housing Act 1936	
(i)	No. of houses dealt with under Sec. 25	NIL
(ii)	No. of Clearance Orders made Under Sec.26	NIL
(iii)	No. of families living in Clearance Areas.	NIL

Overcrowding

Three cases of overcrowding were met with during the year, in each case the overcrowding was abated by the action of the Council in

re-housing the families.

(A very detailed report on the survey of houses in the district was reported upon in the Annual Report of 1948).

SECTION E

Inspection and Supervision of Food

Milk - One supplementary licence for the retail of Pastourised milk has been issued by the Council.

Ice Cream - There is a model Ice Cream Factory situated at Trebursye.

Food Premises - There are in the district :

Catering Establishments	13
Butcher's Shops	10
Grocer's Shops	27
Bakeries	Nil

In almost all cases the catering establishments and shops are small and are kept in a reasonably satisfactory condition.

Visits paid to food premises	112
Informal Notices served	6
Informal Notices complied with	6

The Council has adopted Byelaws under Section 15 of the Food and Drugs Act 1938 for the clean handling of food.

Meat Inspection - All Home killed meat supplied to this district is slaughtered at Lاونceston Abattoir where it is inspected prior to distribution.

During the year the following was condemned :-

37 lbs beef
8 tins Ham
10 tins spiced meat
9 lbs cheese

There is one licensed Knackers Yard in the district. It is a modern building and conditions are satisfactory.

SECTION F

Prevalence of, and Control over, Infectious and other Diseases.

Smallpox - No case was reported during the year under review. It must however be remembered that an increasing number of persons who are incubating Smallpox arrive in this country and with the modern rapid means of travel available, this danger is likely to increase. The danger to an unvaccinated or part-vaccinated person is a very real and alarming one and the vaccination figures for the District for 1952 (set out below) give no cause for complacency:

Vaccinated	24
Re-vaccinated	1

Maximum publicity must be given to the advisability of parents having their babies vaccinated at about the age of 4 months, when primary vaccination carries the least risk of complications.

Diphtheria. No cases were recorded during the year. The number of children Immunised during 1952 was :

Primary Immunisation	- 65
Boosters	50

Immunisation is carried out at the Infant Welfare Centre, Castle Green and also when required at School Medical Inspections. Application for immunisation can be made to the Cornwall County Nurses or arrangements can be made with General Practitioners under the National Health Service Act 1946. It should be pointed out that although as a result of Immunisation, very few cases of Diphtheria now occur, the disease itself is by no means a thing of the past. Carriers of the disease are frequently found and when they pass their infection on to unprotected children it usually takes a very severe form. Every effort must be made to persuade the parents of all children, especially babies, to have them protected by Immunisation as it is the level of immunity in the population as well which keeps the disease at bay.

Measles and Whooping Cough - Here again it is the level of immunity in the population that matters and the table below shows the notifications of Measles and Whooping Cough during the past 5 years:

	<u>Measles</u>	<u>Whooping Cough</u>
1948	6	47
1949	42	27
1950	1	18
1951	42	15
1952	1	1

An efficient Whooping Cough vaccine is now available and can be administered in combination with Diphtheria Prophylactic. It is very well worth while to have babies protected from Whooping Cough, a disease which, while it seldom kills, frequently leaves chronic chest conditions which persist through life. This protection is afforded under the same arrangements as those described above for Diphtheria.

Acute Poliomyelitis - No case was notified in 1952.

Food Poisoning - No cases were notified during 1952.

Tuberculosis

	<u>Males</u>		<u>Females</u>	
	<u>Pul.</u>	<u>Non.Pul.</u>	<u>Pul.</u>	<u>Non.Pul.</u>
Cases on Register 31.12.51	9	3	12	4
No. of cases notified during 1952	5	1	3	1
Cases restored	1	-	-	-
Inward Transfers	1	1	-	-
Cases removed	4	3	4	3
Cases on Register 31.12.52	12	2	11	2

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act 1936, which deals with the compulsory removal to hospital of persons suffering from tuberculosis.

The Regional Hospital Board is responsible for treatment of Tuberculosis patients and the County Council for the prevention of spread of the disease and after care of the patients.

Out-patients and contacts are seen by the Chest Physician (Dr. Mollor) at the Chest Clinic at Lancington Hospital. The County Council Tuberculosis Health Visitor attends the Clinic, follows up the patients in their homes, traces contacts and sources of infection and thus acting as a most valuable and essential "liaison officer" between the curative and preventive services, bridges a most alarming gap.

It may be of interest to note that at the end of 1952 all susceptible contacts of known cases in the District had been offered B.C.G. Vaccination. By the end of 1952 65 persons had received this protection in Area No.6.

SECTION G

Factories Act 1937

Classified list of Registered Factories as at 31st December, 1952:

<u>Nature of Employment</u>		<u>Power</u>	<u>Non-power</u>
(a)	Scrap Merchant	-	1
(b)	Poultry appliances	2	-
(c)	General Smithing	-	4
(d)	Joinery	3	-
(e)	Motor Repairs	4	-
(f)	Agricultural Merchants	2	-
(g)	Agricultural Engineers	5	-
(h)	Stone dressing	1	-
(i)	Concrete Block-making	-	1
(j)	Ice Cream Factory	1	-

Inspections	36
Informal Notices served	2
Informal Notices complied with	2

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Age and Sex distribution of Cases and Deaths - 1952

6 3 2 1 1 1

TABLE II

VITAL STATISTICS

Summary for Previous Years

<u>Year</u>	<u>Estimated Population</u>	<u>Births</u>		<u>Deaths</u>	
		<u>No.</u>	<u>Crude Rate</u>	<u>No.</u>	<u>Under 1 yr. All ages</u>
1948	6,546	94	14.36	2	21.27 65 9.93
1949	6,496	95	14.62	2	21.05 76 11.69
1950	6,500	93	14.30	3	32.26 80 12.30
1951	6,438	89	13.82	5	56.18 99 15.37
1952	6,470	84	12.98	5	59.52 85 13.13

TABLE III

Monthly Incidence of Notifiable Diseases

(Other than Tuberculosis)

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Whooping Cough											1	
Measles			1									
Scarlet Fever									1			
Pneumonia												
Erysipelas						1						
Poliomyelitis (para)												
Poliomyelitis (non-para)												
Dysentery												
Para-typhoid												
Food Poisoning												
Pyrexia												
Meningitis										1		
			1			1			1	1	1	5

TABLE IV

Notifications of Infectious Disease in
Cornwall County Council - Area 6 for
the year 1952

Launceston Rural District	F	M	Whooping Cough	
	1	1		
Launceston Borough	F	M	Measles	
		1		
Bude/Stratton Urban District	F	M	Scarlet Fever	
	3	2	1	1
Stratton Rural District	F	M	Pneumonia	
	7	7	1	1
Camelford Rural District	F	M	Erysipelas	
	20	25	1	1
	F	M	Food Poisoning	
	30	35	3	3
	F	M	Dysentery	
	5	6	1	1
	F	M	Meningococcal Infection	
	1	3	1	1
	F	M	Poliomyelitis (paralytic)	
	9	4	1	1
	F	M	Puerperal Pyrexia	
	1	1	1	1
	F	M	Paratyphoid Fever	
	2	1	1	1